

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/1573353

FILING DATE

APPLICANT(S)

6/8/07

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2						
3						
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6						
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9						
10						
11						
12						
13			1			
14						
15				1		
16					2	
17			1			
18			1			
19						
20			1			
21			1			
22				1		
23			1			
24			1			
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49						
50						
TOTAL IND.	1	↓	11	↓		↓
TOTAL DEP.	10	←	5	←		←
TOTAL CLAIMS	11		16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.		←			←	←
TOTAL CLAIMS						